

Military Application to Accept an Out-of-State Motorcycle Rider Education Program Certificate Registry of Motor Vehicles

Registry of Motor Vehicles
Driver Licensing Department
25 Newport Ave Ext., 4th Floor
Quincy, MA 02171
Tel: 857-368-7256 * FAX: 857-368-0820

Vehicles Partment Ath Plants Ath Plants

Name:	Daytime Phone #:	
Address:		
City/Town:	State:	Zip Code:
License/Permit #:	Date of Birth:	
Mailing Address (if different):		
Address:		
City/Town:	State:	Zip Code:
Military Base Information:		
Military Base Name:	Phone #:	
Address:		
City/Town:	State:	Zip Code:
Course Completion Date:	MSF Card #:	
The applicant must mail or fax comp 180 days of the class graduation date		
 Copy of your Active Duty Military I. Copy of your Motorcycle Safety Fou. Copy of your Basic Rider Course Sk. Check or Money Order for \$45.00, we endorsement fee, made payable to the already have an active Massachusetts the endorsement fee. If your applicate returned to you. (Please note that copies of documents with the endorsement fee in the copies of documents with the endorsement fee. 	andation Completion Ca cill Evaluation Score Showhich will cover the motor where Registry of Motor Velos motorcycle permit, you tion is not approved, the	eet and Knowledge Test. torcycle permit fee and the chicles (if applicable). If you ou will only need to pay \$15 for
If your application is approved, a new M endorsement will be mailed to you within		· · · · · · · · · · · · · · · · · · ·
For RMV Use Only		
Date Issued:	Issued By:	